

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/	/	/	/	/	/
2	/	/	/	/	/	/
3	/	/	/	/	/	/
4	/	/	/	/	/	/
5	/	/	/	/	/	/
6	/	/	/	/	/	/
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8	/	/	/	/	/	/
9	/	/	/	/	/	/
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12	/	/	/	/	/	/
13	/	/	/	/	/	/
14	/	/	/	/	/	/
15	/	/	/	/	/	/
16	/	/	/	/	/	/
17	/	/	/	/	/	/
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50	/	/	/	/	/	/
TOTAL IND.	3					
TOTAL DEP.	51					
TOTAL CLAIMS	54					

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